

26 SAR Examples

SAR Examples

This section will provide screen shot examples of how to enter common SARs. These examples will include a screen shot of the enter SAR screen.

This information is meant to assist with the entry of SARs on the Enter SAR screen for training purposes. Note that not all SAR business rules were applied to the examples, for example the Dates of Service Match, Provider approval, etc.

26.1 Example of Diabetic Supply SAR

Notes

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Enter SAR

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION

Client Name: KIDDO TEST F/R Elig: ELIGIBLE Reg Status: PENDING
 CCS Number: T140288 Med Elig Status: Application Status: 1ST LETTER SENT
 Date of Birth: 01/01/1999 Diagnostic Only: PSA Status:
 CIN: CCS Elig Status: Program Begin Date: 02/09/2003
 Gender: FEMALE County: SHASTA Program End Date:

PROVIDER INFORMATION

Provider Name: RITE AID #6195 Provider Number: PHA434880
 Address: 9000 MING AVE, STE A, BAKERSFIELD, CA, 93311-1319 County: Kern

SAR INFORMATION

SAR Number SAR Status
 Service Begin Date * Jan 1 2004 Service End Date Dec 31 2004
 Service Request Date * Jan 1 2004 Number of Days
 EPSDT-SS ☐ Category Select
 CCS SS ☐ State Approved ☐ Yes ☐ No
 State Funded ☐
 Primary Diagnosis * 250.01 DIABETES MELLITUS WITHOUT MENTION find >
 Secondary Diagnosis find >

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	00193654621	NU RP RR			MICROLET LANCETS		4	100	
<input type="checkbox"/>	00193288221	NU RP RR			KETO-DIASTIX REAGENT STRIPS		4	100	
<input type="checkbox"/>	9926AAB	NU RP RR			DISPOSABLE NEEDLES		365		

SPECIAL INSTRUCTIONS

Add Services Submit Undo

Eff. 11/1/04 Test Strips and Lancets must be authorized with the National Drug Code (NDC)

NOTE: These are the only Diabetic supplies with NDC currently.

For NDC enter the number of refills in units and the total for each dispensing in the quantity (DO NOT MULTIPLY THE QUANTITY OUT FOR ANY NDC)

Needles must be authorized with the medical supply code beginning with "99".

For Medical supply codes enter the total number of each item to cover the dates of service on the SAR
 (MULTIPLY OUT THE TOTAL NUMBER OF ITEMS AUTHORIZED)

26.2 Example of Oxygen and Tracheostomy Supply SAR

Enter SAR

Notes

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION

Client Name: KIDDO TEST F/R Elig: ELIGIBLE Reg Status: PENDING
 CCS Number: T140288 Med Elig Status: Application Status: 1ST LETTER SENT
 Date of Birth: 01/01/1999 Diagnostic Only: PSA Status:
 CIN: CCS Elig Status: Program Begin Date: 02/09/2003
 Gender: FEMALE County: SHASTA Program End Date:

PROVIDER INFORMATION

Provider Name: APRIA HEALTH CARE INC Provider Number: DME03144F
 Address: 231 N PUENTE ST,BREA,CA,92621-3825 County: Orange

SAR INFORMATION

SAR Number SAR Status
 Service Begin Date * Nov 30 2004 Service End Date Dec 1 2004
 Service Request Date * Jan 1 2004 Number of Days
 EPSDT-SS ☐ Category Select
 CCS SS ☐ State Approved ☐ Yes ☐ No
 State Funded ☐
 Primary Diagnosis * 277.00 CYSTIC FIBROSIS WITHOUT MENTION OF find >
 Secondary Diagnosis find >

SERVICE CODE INFORMATION

Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	E1355	NU RP RR	1		STAND/RACK		1		
<input type="checkbox"/>	A4615	NU RP RR	1		CANNULA, NASAL		24		
<input type="checkbox"/>	A9900	NU RP RR	1		DME SUPPLY/ACCESSORY/SERVICE		1		
<input type="checkbox"/>	E0441	NU RP RR	1		OXYGEN CONTENTS, GASEOUS		960		
<input type="checkbox"/>	E0442	NU RP RR	1		OXYGEN CONTENTS, LIQUID		360		
<input type="checkbox"/>	S8182	NU RP RR	1		HUMIDIFIER NON-SERVO		1		
<input type="checkbox"/>	9981JAB	NU RP RR			TRACHEOSTOMY SUPPLIES TUBES AL		4		
<input type="checkbox"/>	9981EAI	NU RP RR			TRACHEOSTOMY SUPPLIES CARE TRA		365		
<input type="checkbox"/>	9981KSC	NU RP RR			TRACHEOSTOMY SUPPLIES OTHERS		12		

SPECIAL INSTRUCTIONS

E1355 rental toward purchase

Allowable Modifiers effective 11/1/04:

NU Purchase, new
 RR Rental
 RP Repair and replacement
 Y1 Rental without sales tax
 Y6 Rental with sales tax
 Y7 Purchase, repair, mileage, with sales tax

Modifier:

“Rental” and “Purchase” selections for “Modifier” must be used for DME & DME accessories only.

Search for DME and DME accessories in the procedure code file.

Search for medical supplies in the medical supply file.

For Procedure and Medical supply codes enter the total number of each item to cover the dates of service on the SAR

26.3 Example of Durable Medical Equipment SAR

Enter SAR

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	KIDDO TEST	F/R Elig:	ELIGIBLE
CCS Number:	T140288	Med Elig Status:	
Date of Birth:	01/01/1999	Diagnostic Only:	
CIK:		CCS Elig Status:	
Gender:	FEMALE	County:	SHASTA
Reg Status:	PENDING	Application Status:	1ST LETTER SENT
PSA Status:		Program Begin Date:	02/09/2003
Program End Date:			

PROVIDER INFORMATION	
Provider Name:	WHEELCHAIRS OF BERKELEY
Address:	2911 SHATTUCK AVE, BERKELEY, CA, 94705-1808
Provider Number:	DME00235F
County:	Alameda

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Service End Date
Service Request Date *	Number of Days
EPST-SS	Category
CCS SS	State Approved
State Funded	Yes No
Primary Diagnosis *	find >
Secondary Diagnosis	find >

SERVICE CODE INFORMATION									
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	E0961	NU RP RR	1		WHEELCHAIR BRAKE EXTENSION		2		
<input type="checkbox"/>	E0964	NU RP RR	1		CUSHION, FOR WHEELCHAIR		1		
<input type="checkbox"/>	E0966	NU RP RR	1		WHEELCHAIR HEAD REST EXTENSION		1		
<input type="checkbox"/>	E0968	NU RP RR	1		COMMUNE SEAT, WHEELCHAIR		1		
<input type="checkbox"/>	E0980	NU RP RR	1		SAFETY VEST, WHEELCHAIR		1		
<input type="checkbox"/>	E1091	NU RP RR	1		YOUTH WHEELCHAIR, ANY TYPE		1		

SPECIAL INSTRUCTIONS

Add Services Submit Undo

Notes

Allowable Modifiers effective 11/1/04:

NU Purchase, new
RR Rental
RP Repair and replacement
Y1 Rental without sales tax
Y6 Rental with sales tax
Y7 Purchase, repair, mileage, with sales tax

Modifier:

“Rental” and “Purchase” selections for “Modifier” must be used for DME & DME accessories only.

Search for DME and DME accessories in the procedure code file.

26.4 Example of Special Care Center SAR

Notes

Enter SAR

KIDDO TEST, T140288

Required fields are marked in *

CLIENT INFORMATION			
Client Name:	KIDDO TEST	F/R Elig:	ELIGIBLE
CCS Number:	T140288	Med Elig Status:	
Date of Birth:	01/01/1999	Diagnostic Only:	
CIN:		CCS Elig Status:	
Gender:	FEMALE	County:	SHASTA
Reg Status:	PENDING	Application Status:	1ST LETTER SENT
PSA Status:		Program Begin Date:	02/09/2003
Program End Date:			

PROVIDER INFORMATION	
Provider Name:	BAY AREA HEARING AND SPEECH CENTER - TYPE A
Address:	400 29th Street, Suite 3 Oakland CA 94609
Provider Number:	7.33.5
County:	Alameda

SAR INFORMATION	
SAR Number	SAR Status
Service Begin Date *	Jun 1 2004
Service End Date	May 31 2005
Service Request Date *	May 1 2004
Number of Days	
EPSDT-SS	<input type="checkbox"/>
Category	Select
CCS SS	<input type="checkbox"/>
State Approved	<input type="radio"/> Yes <input type="radio"/> No
State Funded	<input type="checkbox"/>
Primary Diagnosis *	389.10 SENSORINEURAL HEARING LOSS, UNSPE
Secondary Diagnosis	

SERVICE CODE INFORMATION									
Remove	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
<input type="checkbox"/>	04	NU PP RR			COMMUNICATION DISORDER CENTERS		1		

SPECIAL INSTRUCTIONS

Add Services **Submit** **Undo**

Authorize a Service Code grouping.